

# MS Epidemiology (45 credits) Academic Advising and Tracking Form

Department of Biostatistics & Epidemiology  
(Students Admitted for Fall 2019 or after)

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date entered: \_\_\_\_\_

## I. CORE CLASSES (9 credits)

<b>Public Health</b> (15 credits)			
<u>Sem/Yr</u>	<u>Credits</u>	<u>Course #</u>	<u>Title</u>
_____	3	BIOSTAT 540	Introductory Biostatistics
_____	3	EPI 630	Principles of Epidemiology
<b>Other Public Health Core Competencies</b> (3 credits)			
_____	3	EPI 690R	Introduction to Epidemiologic Research Methods

(Substitutions for core courses only if approved by department; if approved, write name of substituted course above)

## II. ADDITIONAL EPIDEMIOLOGY AND BIostatISTICS CLASSES (18 credits)

<u>Sem/Yr</u>	<u>Credits</u>	<u>Course #</u>	<u>Title</u>
_____	3	EPI 631	Scientific Writing for Thesis, Dissertation and Grant Proposals
_____	3	EPI 632	Applied Epidemiology
_____	3	BIOSTAT 640	Intermediate Biostatistics (or equivalent)
_____	3	BIOSTAT 691F	Data Management with SAS
_____	3	EPI 700	Analysis of Epidemiologic Data
_____	3	EPI 737	Intermediate Methods in Epidemiology

## III. ELECTIVE CLASSES

<b>Epidemiology Courses</b> (4 courses / 12 credits minimum)			
<u>Sem/Yr</u>	<u>Credits</u>	<u>Course #</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Other Elective(s)</b> ( 1 course / 3 credits minimum)			
<u>Sem/Yr</u>	<u>Credits</u>	<u>Course #</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IV. CULMINATING EXPERIENCE

<b>Master's Thesis</b> (3 credits minimum)	
<u>Sem/Yr</u>	<u>Credits</u>
_____	_____
EPI 699, Master's Thesis credits	
1. Committee Advisor (epi): _____	
Member (epi): _____	
3 <sup>rd</sup> Member (optional): _____	

**IV. CULMINATING EXPERIENCE (continued)**

**Master's Thesis** (3 credits minimum)

2. Thesis info

Title: \_\_\_\_\_

Proposal filing date: \_\_\_\_\_ Defense date: \_\_\_\_\_

Grade (P/F): \_\_\_\_\_

**V. TRANSFER CREDIT, RECORD OF CONTACTS, ETC.**

**Course Credits Approved for Transfer by Graduate Program Director** (12 credit maximum)

No more than 6 max from UMass/Worc, 6 max non-degree, 6 max non-UMass school; Graduate credits may not have been used toward a previous degree; must carry a "B" or better grade and be relevant to Epi major

Sem/Yr taken	Credits	Course name	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Statute of Limitations Extension:** (Maximum extension 4 months under extraordinary circumstances)

New SOL Date	Reason for Extension	Faculty requesting
_____	_____	_____
_____	_____	_____

**Advisor Contact Record:** (At least one contract per semester is recommended)

Advisor	Date	Nature of Contact	Advisor's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Permanent Contact Information:**

Street: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Certification of Total of Credits Towards Degree/All Degree Requirements Satisfied**

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

**Copies of all administrative memos related to degree requirements must be stapled to this sheet.** This form, attachments, and a copy of the final transcript are filed in the departmental archives.